IODE ONTARIO

REMITTANCE FORM FOR MUNICIPAL CHAPTER TREASURERS

Please use this form when forwarding fees, donations or payments to: IODE Ontario
45 Frid Street, Suite 9, Hamilton, Ontario L8P 4M3

Municipal Chapter of: _____ Date: _____

Treasurer: _____

PROVINCIAL FUNDS DONATIONS		**Amount**	**Totals**
Special Representatives	4 3006		
Citizenship	4 3004		
Peacekeeper Park	4 3010		
Communications	4 3005		
Lucy Morrison Memorial fund For Education	4 3007		
Northern Ontario Education Fund	4 3009		
Services	4 3001		
Footwear For Kids	4 3002		
Christmas Toys	4 3014		
Services Shipping Fund	4 3015		
Concern For Children - "It's all about Genes"	4 3003		
	TOTAL AMOUNT TO PROVINCIAL FUNDS:		

NATIONAL FUNDS DONATIONS			
Endowment	4 5005		
Citizenship	4 5010		
Peace Garden	4 5004		
Education	4 5009		
Labrabook	4 5013		
Labrador Bursary	4 5014		
Second War Memorial	4 5003		
Services	4 5006		
Snack Pack	4 5007		
Canadian Veterans Overseas	4 5011		
Disaster Relief	4 5008		
IODE 100th Anniversary Program	4 5001		
Bolingbroke Restoration	4 5012		
Public Relations	4 5015		
	TOTAL AMOUNT TO NATIONAL FUNDS:		

PAYMENT OF INVOICES - Supplies & Calendars

Invoice #							
Amount:							

FEES by Chapter

Chapter Name	**Number of Members**	**Provincial** $20.00	**National** $30.00	**Extra Echoes** $5.00	**Chapter Annual Fee** $25.00	**Liability Insurance** $3.50	**National Levy** $5.00	**TOTAL**
TOTAL:								

TOTAL PAYMENT OF FEES

TOTAL AMOUNT OF THIS REMITTANCE:

All cheques payable to the **'IODE ONTARIO'.** When forwarding payment of fees attach a MEMBERSHIP LIST for each chapter for the mailing of Echoes and Income Tax Receipts. **Keep a copy of this remittance for your records.**

rev08/11